

AUTHORITY: P.L. 107-110

COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)

Direct questions regarding this form to the Cheryl L. Poole, Office of Professional Preparation Services at (517) 241-4546.

IM-02-07 Rev. 04/03

**Michigan Department of Education
OFFICE OF PROFESSIONAL PREPARATION SERVICES**

P.O. Box 30008, Lansing, MI 48909

**2003-2004 APPLICATION FOR
TITLE II, PART A (3), IMPROVING TEACHER QUALITY
COMPETITIVE GRANTS PROGRAM**

SECTION I: APPLICANT/INSTITUTION INFORMATION**TYPE OR PRINT**

EDUCATION AGENCY	Legal Name of Higher Education Institution	Institution Code Number	Telephone (Area Code)
	President		
	Address	City	Zip Code
CONTACT PERSON	Name of Contact Person	Institution Code Number	Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		
PROJECT DIRECTOR	Name	Telephone (Area Code)	
		E-Mail Address	

SECTION II: PROJECT INFORMATION

GRANT CATEGORY: (Check only one box.)

- ☐ A. Partnerships for Professional Development in Mathematics
- ☐ B. Partnerships for Professional Development in Science
- ☐ C. Partnerships for Professional Development in Social Studies
- ☐ D. Partnerships for Professional Development in Art
- ☐ E. Professional Development to Sustain and Deepen Prior Learning

Grant
Request: \$ _____

NOTE: All participating agencies must sign Section IV a (Verification of Collaborative/Consortium Participants)

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE _____ SUPERINTENDENT OR
AUTHORIZED OFFICIAL _____ (SIGNATURE)

TYPED NAME _____

MAILING INSTRUCTIONS: The ORIGINAL of the Application, including the NARRATIVE (Section VII), and four (4) copies must be received at the John A. Hannah Building, 1st Floor Security Desk, 608 W. Allegan, Lansing 48933, Office of Professional Preparation,
By 4:00 p.m. on May 28, 2003, or POSTMARKED no later than May 26, 2003
Applications submitted by facsimile will not be accepted

SECTION III. ASSURANCES AND CERTIFICATIONS

--FEDERAL PROGRAMS--

**** INSTRUCTIONS: Please attach ALL assurances to the application**

Certification Regarding Lobbying for Grants and Cooperative Agreements

No federal, appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL*Disclosure Form to Report Lobbying*, in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Assurance with Section 511 of the U. S. Department of Education Appropriation Act of 1990

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

Assurance Concerning Materials Developed with Funds Awarded under this Grant

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: *These materials were developed under a grant awarded by the Michigan Department of Education.*

Certification Regarding Nondiscrimination Under Federally and State Assisted Programs

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion,

national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

Participation of Nonpublic Schools

The applicant assures that private nonprofit schools have been invited to participate in planning and implementing the activities of this application.

AUDIT REQUIREMENTS

All grant recipients which receive \$300,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (*Effective November, 1996*)

SECTION III: ASSURANCES AND CERTIFICATIONS (continued)

--Federal Programs--

Certification Regarding Title II of the Americans with Disabilities Act (ADA), P.L. 101-336, State and Local Government Services (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that *No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity.* In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

Certification Regarding Title III of the Americans with Disabilities Act (ADA), P.L. 101-336, Public Accommodations and Commercial Facilities (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

**SECTION IVa: DESIGNATION OF ADMINISTRATIVE/FISCAL AGENT
AND VERIFICATION OF COLLABORATIVE/CONSORTIUM PARTICIPANTS**

(For Collaborative/Consortium Projects ONLY)

Collaborative/consortium projects may be submitted by:

--A collaborative group comprised of one or more local and/or intermediate school districts, public and/or nonpublic schools, including at least one college or university approved by the State Board of Education to prepare and recommend teachers for certification;

--A collaborative group of colleges and/or universities, of which at least one is approved by the State Board of Education to prepare and recommend teachers for certification; or

--A collaborative group comprised of any combination of organizations/institutions which as a single entity are eligible to apply for funding under this grant program.

INSTRUCTIONS: Each participating agency should take the following action:

--Designate an authorized representative to sign the "Verification of Collaborative/Consortium Participants" section.

--Either accept administratively responsibility for the project or designate another eligible institutions as the administrative/fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in the application is correct and complete; that the agency which he or she represents has authorized him or her to file this application, and that such authorization is recorded in the minutes of the agency's meeting held on the date shown below. The agency named below has been designated as the administrative/fiscal agent for the project and is authorized to receive and expend funds to implement this project.

DESIGNATED ADMINISTRATIVE/FISCAL AGENT FOR THIS PROJECT

Legal Name of Agency	Name and Title of Authorized Representative		
Mailing Address	Signature		
City	Zip Code	Telephone (Area Code/Local Number)	Date Signed
Name and Title of Contact Person		Mailing Address	Date Meeting was held

**SECTION IVb: VERIFICATION OF COLLABORATIVE PLANNING /CONSORTIUM
PARTICIPANTS**

*(Required for all Grant Categories)
(Photocopy as needed)*

Legal Name of Agency	Name and Title of Authorized Representative		
Mailing Address	Signature		
City	Zip Code	Telephone (Area Code/Local Number)	Date Signed
Name and Title of Contact Person	Mailing Address		Date Meeting was held

Legal Name of Agency	Name and Title of Authorized Representative		
Mailing Address	Signature		
City	Zip Code	Telephone (Area Code/Local Number)	Date Signed
Name and Title of Contact Person	Mailing Address		Date Meeting was held

Legal Name of Agency	Name and Title of Authorized Representative		
Mailing Address	Signature		
City	Zip Code	Telephone (Area Code/Local Number)	Date Signed
Name and Title of Contact Person	Mailing Address		Date Meeting was held

The history and nature of the planning process for the proposed project are to be described in the narrative. The purpose of this form is to confirm that the proposal was developed with the active involvement of stakeholders, including practitioners. (*See Required Components, page 10 of Guidelines and Instructions*)

PROPOSAL TITLE: _____

DIRECTOR: _____
INSTITUTION/NPO _____

PLANNED MEETINGS

Additional meetings can be listed (if planned) on an attached sheet.

INITIAL PROPOSAL PLANNING MEETING(S):

DATE: _____

LOCATION: _____

IMPLEMENTATION/UPDATE MEETING:

PROJECTED DATE: _____

PROJECTED LOCATION: _____

PROJECT EVALUATION MEETING:

PROJECTED DATE: _____

PROJECTED LOCATION: _____

VERIFICATION OF INITIAL PROPOSAL PLANNING MEETING(S)

SIGNATURE OF DISTRICT LOCAL LEVEL SUBJECT AREA SPECIALISTS(S):

(By signing below, I am confirming that I have been an active participant in the proposal planning meeting(s) listed above.)

_____	_____
Printed Name	Signature

_____	_____
Title, School District	Date

_____	_____
Printed Name	Signature

_____	_____
Title, School District	Date

***Attach a copy of the agenda and list of participants for the Initial Proposal Planning Meeting(s).**

SECTION Va: BUDGET INSTRUCTIONS: The Budget Summary (A) and the Budget Detail (B) must be prepared by or with the cooperation of the agency/institution's Business Office .

A. BUDGET SUMMARY for 2002-2003 Funds

Legal Name of Applicant					Fiscal Year of Approved Activity
Recipient Code	Source Code 030290	Project Number	Project Type <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry Over	Ending Date 6-30-04	2003

CFDA NUMBER: 84.367B

TRANSACTION PURPOSE
Original
Amendment

AMOUNT OF CHANGE: \$ (Use minus sign preceding decreases)

		Salaries and Benefits	Purchased Services	Supplies and Materials	Other Expenses	
FUNCT TION CODE S	FUNCTION TITLES	1000, 2000	3000, 4000	5000	6000, 7000, 8000	TOTAL
110	Instruction – Basic Programs					
120	Instruction – Added Needs					
130	Instruction – Adult/Continuing Ed.					
210	Pupil Support Services					
220	Instructional Staff Services					
230	General Administration					
240	School Administration					
250	Business Services					
260	Operation and Maintenance					
270	Pupil Transportation Services					
280	Project Support Services					
290	Other Support Services					
300	Community Services					
	SUBTOTAL (Sum of ALL lines above)					
	Indirect Costs (8% restricted rate)					
	TOTAL EXPENDITURES					A
FUNDING: MDE SHARE OF EXPENDITURES						B
LOCAL SHARE OF EXPENDITURES (Block A Minus Block B)						C

DATE		BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE		PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
DATE		M.D.E. CONTACT PERSON (Type or Print) Cheryl L. Poole 517-241-4546	SIGNATURE

**2003-2004 TITLE II, PART A(3), IMPROVING TEACHER QUALITY
PROFESSIONAL DEVELOPMENT GRANT PROGRAM**

BUDGET DETAIL for 2002-2003 Funds

Itemize the budget using the “Definitions of Budget Function Codes and Identification of Allowed Object Codes: from the Department’s Accounting Manual. Indicate any other funds to be used to support the project (see Declaration of Previous and Current Funding for Related Projects). *Please break down the expenditures per partner to show that no single partner benefits from more than 50% of the award (Special Rule). Photocopy as needed to show all partners.*

<u>FUNCTION</u>	Expenditures for Partner 1	Expenditures for Partner 2	Expenditures for Partner 3	<u>TOTAL</u>
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SECTION Vb: BUDGET INSTRUCTIONS: The Budget Summary (A) and the Budget Detail (B) must be prepared by or with the cooperation of the agency/institution's Business Office.

A. BUDGET SUMMARY for 2003-2004 Funds

Legal Name of Applicant					Fiscal Year of Approved Activity
Recipient Code	Source Code 040290	Project Number	Project Type <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry Over	Ending Date 6-30-05	2004

CFDA NUMBER: 84.367B

<u>TRANSACTION PURPOSE</u>	<u>AMOUNT OF CHANGE:</u>	(Use minus sign preceding decreases)
Original	\$	
Amendment		

		Salaries and Benefits	Purchased Services	Supplies and Materials	Other Expenses	
FUNCTION CODES	FUNCTION TITLES	1000, 2000	3000, 4000	5000	6000, 7000, 8000	TOTAL
110	Instruction – Basic Programs					
120	Instruction – Added Needs					
130	Instruction – Adult/Continuing Ed.					
210	Pupil Support Services					
220	Instructional Staff Services					
230	General Administration					
240	School Administration					
250	Business Services					
260	Operation and Maintenance					
270	Pupil Transportation Services					
280	Project Support Services					
290	Other Support Services					
300	Community Services					
	SUBTOTAL (Sum of ALL lines above)					
	Indirect Costs (.8% restricted rate)					
	TOTAL EXPENDITURES					A
FUNDING: MDE SHARE OF EXPENDITURES						B
LOCAL SHARE OF EXPENDITURES (Block A Minus Block B)						C

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
DATE	M.D.E. CONTACT PERSON (Type or Print) Cheryl L. Poole 517-241-4546	SIGNATURE

**2003-2004 TITLE II, PART A(3), IMPROVING TEACHER QUALITY
PROFESSIONAL DEVELOPMENT GRANT PROGRAM**

BUDGET DETAIL

Itemize the budget using the “Definitions of Budget Function Codes and Identification of Allowed Object Codes: from the Department’s Accounting Manual. Indicate any other funds to be used to support the project (see Declaration of Previous and Current Funding for Related Projects). *Please break down the expenditures per partner to show that no single partner benefits from more than 50% of the award (Special Rule). Photocopy as needed to show all partners.*

<u>FUNCTION</u>	Expenditures for Partner 1	Expenditures for Partner 2	Expenditures for Partner 3	<u>TOTAL</u>
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**SECTION V c: DECLARATIONS OF PREVIOUS AND CURRENT FUNDING FOR
RELATED PROJECTS**

(Including EESA, Eisenhower, NSF, U.S. Department of Education, etc.)

(Photocopy as needed.)

___ PREVIOUS ___ CURRENT ___ APPLICATION IN PROCESS*

*(If in process, please note anticipated award date) _____ 20__

FUNDING SOURCE: _____

AMOUNT OF FUNDS: \$ _____

AWARD PERIOD: _____ 20__ TO _____ 20__

EVALUATION AVAILABLE: ___ YES ___ NO

PROJECT DIRECTOR: _____

YOUR NAME AND ROLE, if different: _____

PURPOSE OF GRANT:

COMMITMENTS AND RESPONSIBILITIES:

___ PREVIOUS ___ CURRENT ___ APPLICATION IN PROCESS*

*(If in process, please note anticipated award date) _____ 20__

FUNDING SOURCE: _____

AMOUNT OF FUNDS: \$ _____

AWARD PERIOD: _____ 20__ TO _____ 20__

EVALUATION AVAILABLE: ___ YES ___ NO

PROJECT DIRECTOR: _____

YOUR NAME AND ROLE, if different: _____

PURPOSE OF GRANT:

COMMITMENTS AND RESPONSIBILITIES:

**DEFINITIONS OF BUDGET FUNCTION CODES AND
IDENTIFICATION OF ALLOWED OBJECT CODES**

NOTE: Function Codes are 3 digits (e.g. 117, 204) Object Codes are 4 digits (e.g. 1360, 2550)

100 INSTRUCTION

110 BASIC PROGRAMS (111,112,113) – Substitutes for teachers: elementary, middle/junior high school, high school.

220 INSTRUCTIONAL STAFF SERVICES

221 IMPROVEMENT OF INSTRUCTION—Activities to assist staff in planning, developing and evaluating learning experiences and includes in-service training of teachers.

Salaries

1240 –Teaching (stipends)

1250—Instructional consulting

Purchased Services

3120—Instructional Program Improvement Services (contracted consultant or university subgrants)

3210—Local travel (within district)

3220—Workshops and conferences

3430—Mailing (postage)

3700--Tuition

4220—Equipment (rental)

4290—Other rentals (films, video cassettes, etc.)

Supplies, Materials and Other Expenses

5900—Other supplies and materials (for workshop)

7900—Miscellaneous expenses

222 LIBRARY

Supplies, Materials and Other Expenses

5300—Library books (related to staff development)

5400—Periodicals (staff development)

223 AUDIO-VISUAL

5900--Other supplies and materials (purchase of videos, cassettes related to staff development)

DEFINITIONS OF BUDGET FUNCTION CODES AND
IDENTIFICATION OF ALLOWED OBJECT CODES

(continued)

226 SUPERVISION AND DIRECTION OF INSTRUCTIONAL STAFF – Directing and managing the improvement of instructional services as directly related to Title II activities

Salaries

1160 – Supervision and management
1170—Program/department direction
1620—Secretary, clerical

Purchased Services

3210—Local travel
3220—Workshops and conferences
3430—Mailing (postage)

Supplies, Materials and Other Expenses

5900—Other supplies and materials
7900—Miscellaneous expenses

230 GENERAL ADMINISTRATION

232 EXECUTIVE ADMINISTRATION

Purchased Services

3220—Workshops and conferences

250 BUSINESS SERVICES

260 OPERATION AND MAINTENANCE

Salaries

1620 – Secretary, clerical

290 OTHER SUPPORT SERVICES

297 EMPLOYEE BENEFITS

2000—Insurance and retirement (for all salaries under the 200 function code)

SECTION VI: PROJECT ABSTRACT

TITLE II, PART A (3), IMPROVING TEACHER QUALITY COMPETITIVE GRANTS PROGRAM

INSTITUTION:

PROJECT DIRECTOR:

MAILING ADDRESS

TELEPHONE NUMBER: ()

E-MAIL ADDRESS:

FAX NUMBER: ()

PROJECT TITLE:

LEA AND IHE PARTNERS:

****NOTE:** This information will be disseminated as written.*

GENERAL PROGRAM DESCRIPTION: *Limit to 200 words.*

ANTICIPATED OUTCOMES/OTHER INTENDED RESULTS:

GOALS STATEMENT: This section must include a list of the specific learning and performance objectives for participant.